



## Explaining the relation between thin ideal internalization and body dissatisfaction among college women: The roles of social comparison and body surveillance

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### ABSTRACT

Sociocultural models of disordered eating lack comprehensive explanations as to how thin ideal internalization leads to body dissatisfaction. This study examined two social psychological theories as explanations of this relation, namely social comparison and objectification theories, in a sample of 265 women attending a Southeastern university. Social comparison (both general and appearance-related) and body surveillance (the indicator of objectification) were tested as mediators of the relation between thin ideal internalization and body dissatisfaction using bootstrapping analyses. Results indicated that body surveillance was a significant specific mediator of this relation; however, neither operationalization of social comparison emerged as such. Results serve to elaborate upon the sociocultural model of disordered eating by providing a more comprehensive understanding of the processes by which thin ideal internalization manifests itself in body dissatisfaction. The current findings also highlight the importance of targeting body surveillance in clinical settings.

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### Introduction

In university settings, the statistics regarding eating disorder prevalence are alarming, as between 4% and 9% or more of college women suffer from diagnosable eating disorders (Hesse-Biber, Marino, & Watts-Roy, 1999; Keel, Heatherton, Dorner, Joiner, & Zalta, 2006; Pyle, Neuman, Halvorson, & Mitchell, 1991). When disordered eating estimates for this group are broadened to include subthreshold levels, prevalence ranges from 34% to 67% of college women (e.g., Berg, Frazier, & Sherr, 2009; Franko & Omori, 1999; Hoerr, Bokram, Lugo, Bivins, & Keast, 2002; Krahn, Kurth, Gombert, & Drewnowski, 2005; Mintz & Betz, 1988; Mintz, O'Halloran, Mulholland, & Schneider, 1997), indicating that disordered eating is relatively "normative" for this group. Furthermore, body dissatisfaction, which has been described as one of the "most consistent and robust risk and maintenance factors for eating pathology" (Stice, 2002, pp. 832–833) has been reported at rates as high as 80% for college women (Heatherton, Nichols, Mahamedi, & Keel, 1995; Neighbors & Sobal, 2007; Silberstein, Striegel-Moore, Timko, &

Rodin, 1988; Spitzer, Henderson, & Zivian, 1999; Vohs, Heatherton, & Herrin, 2001).

Research has found support for a sociocultural model of disordered eating among college women (e.g., Stice, 1994; Stice, Nemeroff, & Shaw, 1996; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). According to this model, disordered eating is a result of pressure for women in Western society (e.g., from media, family, and peers) to achieve an ultraslender figure (Malkin, Wornian, & Chrisler, 1999; Striegel-Moore, Silberstein, & Rodin, 1986; Sypeck, Gray, & Ahrens, 2004). Indeed, Chernin (1981) described that a "tyranny of slenderness" rules over women in the United States. For example, the media has espoused a viewpoint that the ultraslender look is both desirable and achievable, when in fact, this "ideal" is very difficult or near impossible for most women to achieve without engaging in extreme weight loss efforts (Brownell, 1991). Of course, for these sociocultural pressures to have harmful effects on an individual, they must be internalized. If a woman does not "buy in" to such pressures, it is unlikely that they would lead to disordered eating. However, if a woman does assimilate and internalize the thin ideal and the values associated with it into her worldview (e.g., in order to be considered attractive, I must be thin), it is likely that this internalization will have negative consequences (Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004). For example, research has indicated that those who most aspire to being thin are the most negatively affected by thin ideal images (e.g., Dittmar & Howard, 2004; Halliwell & Dittmar, 2004).

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Cross-sectional research has demonstrated a robust link between thin ideal internalization and body dissatisfaction, and prospective research has indicated that thin ideal internalization predicts increased body dissatisfaction (e.g., Keery, van den Berg, & Thompson, 2004; Shroff & Thompson, 2006; Stice & Whitenton, 2002); body dissatisfaction is in turn a strong predictor of disordered eating (e.g., Stice, 2002). However, sociocultural models of disordered eating (e.g., Stice, 1994; Stice et al., 1996) currently lack comprehensive explanations as to how thin ideal internalization leads to body dissatisfaction. Theoretically, women who have internalized the thin ideal would be at risk for developing body dissatisfaction when the ideal is not actualized; yet, how do these individuals come to know that they have not realized such an ideal – through what mechanisms does this occur? How does a woman come to know that there is a discrepancy between her ideal and what she currently is?

In the present study, we investigated two social psychological theories as explanations of the relation between thin ideal internalization and body dissatisfaction, namely social comparison (Festinger, 1954) and objectification (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) theories. Specifically, social comparison and body surveillance (i.e., the indicator of objectification; Moradi & Huang, 2008) were examined as two important constructs that may mediate the thin ideal internalization–body dissatisfaction relation.

### Social Comparison as a Mediator of the Thin Ideal Internalization–Body Dissatisfaction Link

Festinger's (1954) social comparison theory forwards that humans engage in social comparison with others in order to understand how and where they fit into the world when objective standards are not available. Comparing oneself to others, both intentionally and unintentionally, is a pervasive aspect of social interactions and has been described as a “core element of human conduct and experience” (Suls, Martin, & Wheeler, 2002, p. 159). Further, college campuses provide environments that lend themselves to engaging in social comparisons; specifically, women are surrounded by many other women of approximately the same age with whom they interact with both directly (e.g., in class, roommate interactions) and indirectly (e.g., passing another woman on campus) on a daily basis (Lindner, Hughes, & Fahy, 2008).

Research has indicated that women frequently make appearance-related social comparisons (Leahey, Crowther, & Mickelson, 2007), and one negative psychological consequence that may result when the comparison is unfavorable is body dissatisfaction (e.g., Myers & Crowther, 2009; Trampe, Stapel, & Siero, 2007). Indeed, comparisons made by women on appearance-related dimensions are generally upward (i.e., the individual compares themselves to someone they deem as more attractive or “better off” in some area; Morrison, Kalin, & Morrison, 2004). For example, research has indicated that the majority of comparisons made by women in the naturalistic environment are in the upward direction (>80%; Leahey et al., 2007). Such upward comparisons generally result in feelings of discontent and dissatisfaction (Thompson et al., 1999) because of the gap that is created between one's actual and ideal selves (Cash & Szymanski, 1995). For example, Rodgers, Paxton, and Chabrol (2009) found that a latent variable encompassing appearance-related social comparison behavior and thin ideal internalization was associated with greater body dissatisfaction among college women. Similarly, Keery et al. (2004) found that the tendency to make appearance-related comparisons was significantly associated with body dissatisfaction.

Research has indicated that general social comparison tendencies are associated with body dissatisfaction, as well (e.g., Morrison

et al., 2003). For example, Gilbert and Meyer (2003) found that the general tendency to compare one's performance with others was significantly correlated with body dissatisfaction in a sample of college women. Morrison et al. (2003) similarly found that socially comparing one's performance (as well as one's opinions) with others was significantly associated with body dissatisfaction among university females.

Overall, the relation between social comparison and body dissatisfaction has been confirmed by meta-analytic work (Myers & Crowther, 2009). Further, research has indicated that internalization of the thin ideal may spur social comparison processes as a way for individuals to gain information regarding how they measure up to that ideal (Harrison, 2001; Richins, 1991), which in turn, may lead to dissatisfaction with the body (Engeln-Maddox, 2005; Shaw & Waller, 1995). While one cross-sectional study has found that social comparison behavior (specific to physical appearance) mediated the relation between internalization of the thin ideal and body dissatisfaction among preadolescent girls (Blowers, Loxton, Grady-Flessner, Occhipinti, & Dawe, 2003), to the authors' knowledge, such a mediation model has yet to be tested in a sample of college women.

### Body Surveillance as a Mediator of the Thin Ideal Internalization–Body Dissatisfaction Link

Body surveillance, the indicator of objectification, may also mediate the relation between thin ideal internalization and body dissatisfaction. Objectification theory posits that within dominant American culture, the feminine body has been constructed as an object to be looked at and gazed upon; thus, girls and women learn to view themselves from an observer's perspective and to treat themselves as objects to be looked at (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996). In addition to being reduced to the status of mere objects, women are given the message that they have the ability to control their bodies and that given the appropriate amount of effort, it is possible to comply with cultural standards of beauty (i.e., the thin ideal; McKinley & Hyde, 1996). The internalization of the “objectifying observer's” (Fredrickson, Roberts, Noll, Quinn, & Twenge, 1998) perspective of one's own body is known as self-objectification, which manifests itself in the act of body surveillance (Moradi & Huang, 2008) – a behavior that many women feel they must engage in constantly in order to ensure their compliance with the thin ideal (Gilbert & Thompson, 1996; McKinley, 2004; Thompson & Stice, 2001). It is via this surveillance that many women perceive there to be a discrepancy between what they see and what they would ideally like to look like, which often results in negative consequences, such as dissatisfaction with the body (McKinley & Hyde, 1996). Indeed, research has found that the development of body dissatisfaction can be partly explained by body surveillance (e.g., Knauss, Paxton, & Alsaker, 2008; McKinley, 1998; Muehlenkamp, Swanson, & Brausch, 2005).

Harper and Tiggemann (2008) conceptualized objectification as an outcome that may result from internalization of the ultraslender ideal. It may be that women who have internalized the thin ideal are compelled to engage in body monitoring as a way to assess their standing relative to that ideal; when a woman comes to the realization that she does not measure up, discontent with her body may result. Indeed, Myers and Crowther (2007) found that the process of self-objectification mediated the relation between thin ideal internalization and body dissatisfaction in a cross-sectional study of college women. Although these results indicate that having an objectified perspective of oneself may be one mechanism by which thin ideal internalization leads to body dissatisfaction, research has

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